THE NEWSLETTER OF
Prostate Research Campaign UK

update

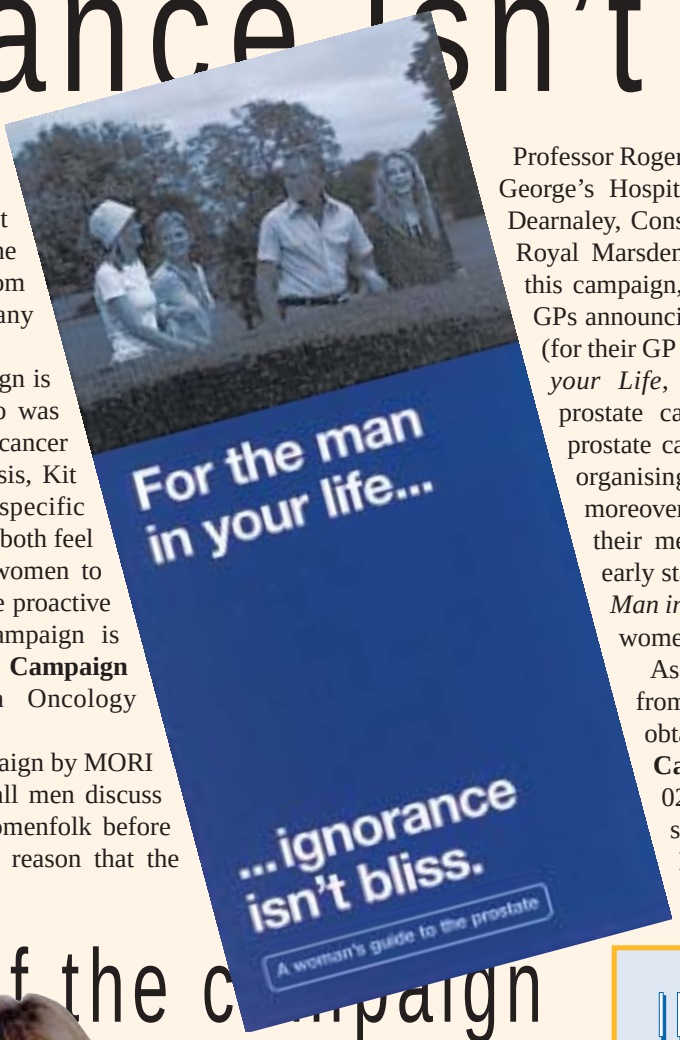
ISSUE No. 17 APRIL 2004

Ignorance Isn't Bliss

Prostate Research Campaign UK has just launched a patient led awareness campaign aimed at encouraging women to persuade the men in their lives to seek help from their doctors if they have any symptoms of prostate disease.

The *Ignorance Isn't Bliss* campaign is the brainchild of Kit Hobday, who was diagnosed with advanced prostate cancer two years ago. Prior to his diagnosis, Kit and his wife Susie had no specific knowledge of prostate cancer. They both feel that it is important for men and women to recognise the first symptoms and be proactive in seeking medical help. The campaign is supported by **Prostate Research Campaign UK** and by an Astra Zeneca Oncology educational grant.

Research carried out for the campaign by MORI shows that over three quarters of all men discuss serious health issues with their womenfolk before seeing a doctor, and it is for this reason that the campaign is targeted at women.



Professor Roger Kirby, Professor of Urology, at St George's Hospital London and Professor David Dearnaley, Consultant Clinical Oncologist, at the Royal Marsden, Sutton, both of whom support this campaign, have sent a letter to 37,500 UK GPs announcing the campaign and giving them (for their GP surgery) the leaflet *For the Man in your Life*, which explains briefly what prostate cancer is, the first symptoms of prostate cancer, the need to be proactive in organising check-ups and screening and moreover, tips to help women to encourage their men to seek medical advice at an early stage. There is also a poster *For the Man in your Life* mirroring the leaflet for women.

As well as obtaining these leaflets from the local surgery they can also be obtained from the **Prostate Research Campaign** information line Tel. 0208 582 0248, from various web sites, including ours, and from the May issues of the Women's Institute and Saga magazines.

The birth of the campaign

The *Ignorance Isn't Bliss* campaign targets women because of the personal experience of Susie and Kit Hobday. Susie had been telling Kit that men seldom listen to advice, that it is women who actually *read* articles and that women network far better than men. After a barbecue at which they told their friends of his illness, Kit said 'You were quite right, Susie. The men all think ignorance is bliss' and Susie said 'It certainly is not!' and thus the campaign was born.

Susie and Kit Hobday

Susie and Kit Hobday lead extremely busy lives. Not least is their ownership of the 52 foot yacht *Bear of Britain*, launched by Prince Andrew, crewed by young amateur sailors and winner of the America Cup Jubilee.

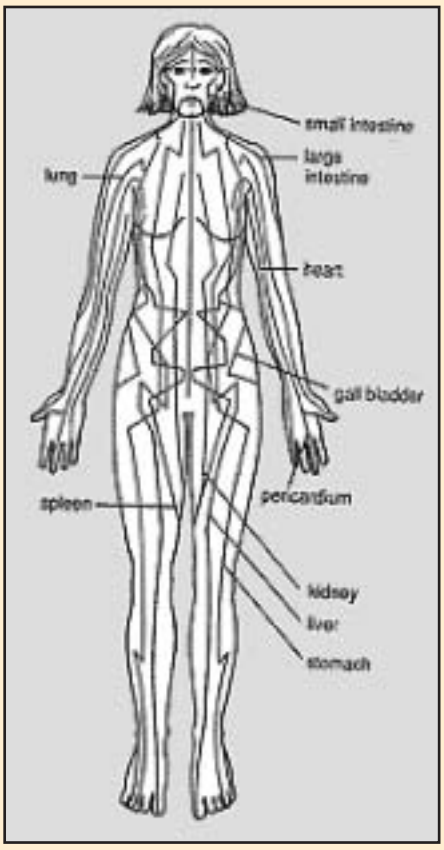
IN THIS ISSUE

The Point is... Peter Amoroso on acupuncture

As a physician, I believe in treating all aspects of a patient's condition, both physical and emotional. Often the medical skills available to us are enhanced by family support, psychological counselling, addressing the general wellness of the patient and recruiting complementary therapies. Acupuncture has been used for pain relief and well being for 7000 years. Time enough for the benefit to reveal itself!

As an anaesthetist, I have some expertise in the use of needles and a sound anatomical knowledge of where to put them. When I attended some British Medical Acupuncture Society courses, I was in the company of many general practitioners, cancer specialists and some dentists. I was surprised to be the only anaesthetist present. The course began with some theory but rapidly moved to the practical - sticking needles in to each other! Many of us in the group responded strongly to acupuncture, including me. I felt as if I had had one over the eight plus the sense of elation felt after vigorous exercise, a marathon for example. . . . . .

Acupuncture stimulates the release of the body's own pain relieving substances



Peter Amoroso after losing six stone in order to run the 2002 marathon

called endorphins. These are the chemicals which drugs like morphine try to mimic when we give therapeutic agents to help pain.

There are 14 meridians joining the 4000 or so acupuncture points sensitive to needle insertion on the body. These represent ancient energy lines derived from traditional Chinese medicine. We can recognise some of their names like stomach, spleen and bladder but others are unknown to westerners like the 'triple energiser'! *No, this is not a milk shake*. In addition to acupuncture points, there are tender points and trigger points. Sometimes, all three coincide. Then, we are almost certain to find considerable benefit from needling this point. We say the *De Chi* is high! Some acupuncture points are strong general points for all sorts of conditions while others are specific to just one condition. There is a very powerful point on the hand which stops toothache in its tracks. I will be forever grateful to this point because I developed the most awful dental pain while on the tropical island of Lankawi in Malaysia and was unable to think of anything else despite all the anti inflammatory medicines and paracetamol I could lay my hands on - Acupuncture allowed me to enjoy the spectacular sunsets and sleep at night!

Some mystique exists around acupuncture because of Chinese ancestry, energy levels, yin and yang and some of the nomenclature. Evidence based research for the efficacy of acupuncture is scant but growing and this has been highlighted again recently with Prince Charles's call for NHS funding and the government's proposals for the regulation of acupuncturists. Currently, the NHS does not offer acupuncture very extensively and so clinical trials have not been widespread but there is excellent evidence of benefit in dental pain, migraine therapy and especially to treat painful joints. Acupuncture can also be immensely useful for migraine, stress relief, muscle relaxation and sleep.

I often use acupuncture in my clinical practice - most often in the post operative period. Nausea and vomiting can be a big problem and this is one place where acupuncture can be tremendously effective even when all drug options have been exhausted. Symptoms like anxiety, breathlessness and itching can also be helped.

My most spectacular success was a poor girl with endless nausea and vomiting in early pregnancy where drug

Patient with needle inserted near her eyebrow

therapy was not an option because of potential harmful effects to the baby. I was asked to see her after she had spent 15 days in bed unable to sit up because of sickness. She was on a drip for hydration and had not eaten for days. One hour after needling, she was sitting up devouring some tea and toast with a great big smile on her face. I had a smile to match!

Caribbean delay

see ***Update 16***

Adagio's Atlantic crossing has been delayed because of late delivery of the catamaran's mast. Captain John Todd will now cross after the hurricane season, but in good time for the winner of the challenge to enjoy the prize of a Caribbean cruise early in 2005.

Visit www.sailadagio.co.uk *for the latest information.*

Stephen Sayer's prostate cancer experience

It began in the bleak days of the early part of 1997 when I was a young man of 51 years old. *It* was, of course, my first awareness that I was suffering from cancer; cancer of the prostate, an organ of which I was then but vaguely aware and certainly very ignorant. I have since become very conscious of it. Cancer, and the treatment of it, forces you to take a close, introspective look at whichever organ of your body is suffering from the disease.

There had been no symptoms - none of the things that, in my ignorance, I assumed would be warning signs: no blood, discomfort, no slowing of flow. So the discovery of the problem was a great surprise, out of the blue, made through a PSA test carried out as part of a routine medical which the office required.

Then came the visit to the eminent Harley Street oncologist and the taking of biopsies. Not a pleasant experience, given the invasion of privacy involved and the significant discomfort of the probe extracting cells from the sensitive organ. Confirmation of the disease was immediate - from the doctor undertaking the test - 'I'm sorry but there is clear evidence of cancer'.

Decision time

The next step was the somewhat nerve-racking and lengthy discussion about the possible courses of treatment. Fortunately my wife attended this consultation; living with cancer is something that a closely united husband and wife do together. The burden is certainly shared - or at any rate it has been for us.

The best news of all . . . regarded as cured.

The debate came down to this. Should I have a radical prostatectomy or should I go for radiation? I opted for radiation as being less invasive and carrying less risk of incontinence.

There then followed a series of tests. The bone scan, was certainly the most extraordinary - I never expected to have the opportunity of viewing my own skeleton! Other scans determined the best angle of delivery of the radiation particles. The entry points into the body were marked by tattooing - the only tattooing I have undergone despite modern fashion! The treatment itself was painless - with short bursts of radiation being fired at you by a nuclear accelerator which was aimed at the entry points using lasers.

This was done every day, weekends excepted, for six weeks, and I was able to continue working throughout. It proved very effective, with my PSA level being reduced to 0.25. Check-ups followed, at first at three month intervals, then six month and finally twelve month intervals. All proved satisfactory until 2003.

Stephen Sayer, author of this article

Set back

From 2002 onwards the blood tests had shown a slow but steady increase in PSA level. By May/June of 2003 it had risen to 3.8 and I insisted upon further investigation. The biopsies confirmed the presence of two tumours. It was unclear whether this was a recurrence of the old ones or the appearance of new ones.

I was referred to a new specialist urologist, described as a leader in this field. It was his view that the hoped for step of a radical prostatectomy should not be undertaken. The risks were simply too great. Hormone therapy was rejected, largely on the grounds of the unpleasant side-effects and uncertainty about long term efficacy. But this last option could only be rejected because of the presence of a third option : cryo-surgery.

Cryo-surgery

It was carefully explained to us that there were risks attached and no guarantees could be given. The procedure was developed in the States and successfully used both there and in Germany. It was therefore ripe for use in the UK. The Cromwell Hospital was about to set up a new unit providing the treatment. Would I be interested and would I like to go to the USA or have it done in London?

Yes I would, and I would like to have it done at the Cromwell Hospital in London, close to where I live in Fulham. And thus it was. The operation was undertaken, over 2-3 hours, in July and I was able to return home two days later. The operation involved freezing, warming and re-freezing the prostate to kill the cancer cells. The freezing was achieved by delivering gas through a dozen or so needles.

The side effects have been difficult, and not insignificant (pain, incontinence, urgency and tiredness) but are now finally fading and a return to work becomes possible. And the best news of all - with a PSA level of 0.27 I am regarded, within the limits of medical uncertainty, as having been cured.

Financial cost

As a result of the operation I have been left with a large debt - some £16,000 was the total cost and the most disturbing feature was the failure by BUPA to pay for it. Unlike the insurance company of another of the guinea pigs, which has paid without demur, BUPA has refused to pay on the grounds that it was *experimental*. The last thing I feel was part of an experiment. On the contrary I was the beneficiary of very sophisticated medical procedures.

A Million Miles – the easy way!

Many of our readers will have followed the adventures of the Kilimanjaro Climbers and their fantastic fund-raising efforts last year. That they raised nearly £300,000 was due to the sterling efforts of our many supporters and, as a direct result of your help, we were able to increase the level of the research grants to record levels. While it is tremendously satisfying to be able to help fund-raisers, many supporters - and particularly the readers of ***Update*** – want the opportunity to get involved as volunteers in fund-raising themselves, and in the sort of event that is open to every-body, young and old, that is simple and, above all, that is fun.

It was with these considerations in mind that Roger Plail, one of the Kilimanjaro Climbers, a staunch supporter and a Consultant Urologist, conceived an idea for an inclusive national fund-raising event that is elegantly simple, will offer volunteers as much of a challenge as they choose, will help generate funds and will keep our name in the public eye. Roger even created a name for this event: a Million Prostate Miles.

The Million Prostate Miles event is straightforward. Volunteer supporters would aim to cover one million sponsored miles, and a sponsored mile is simply one mile sponsored by one person for one pound.

These miles can be covered in any way possible: walking, flying, swimming, skateboarding, driving, whatever takes the imagination. Indeed, we hope that people will think of unusual methods to generate publicity.

It will be a truly **inclusive** event: people can assist by partaking, by sponsoring another or by helping organise what is going to be **a nation-wide event**, open to everyone, irrespective of age or gender. And we will spread it over a year, with a launch event in September this year.

Covering a million miles sounds pretty terrifying and there are an awful lot of noughts in it! One way to achieve it is shown in the panel. We already have our first volunteer - HRH The Duchess of Gloucester.

But what has this got to do with you? Simple – we want volunteers as Group Leaders. We want you to cover 36 sponsored miles, and to persuade others to do the same. But above all, we want you to help us stop prostate diseases destroying lives. If you are prepared to join in this exciting event as a Group Leader, please contact us post haste - by fax, phone, e-mail or letter.

How to achieve a Million Prostate Miles

400 Group Leaders
each recruiting
10 Team Leaders
each recruiting
6 Team Members
and everyone responsible for
36 sponsored miles
is £252 per team, £2556 per group
and a total of

OVER £1,000,000

Laser surgery

The standard surgical treatment for bladder outflow obstruction caused by benign enlargement of the prostate gland is Trans Urethral Prostatectomy (TURP). Now, it is increasingly being replaced by laser surgery.

The early work, with lasers in prostatic disease, was disappointing. Most centres that evaluated laser prostatectomy at that time gave it up after a couple of years. The utilisation of the Holmium–YAG laser by urologists Mark Fraundorfer and Peter Gilling in Tauranga, New Zealand proved a more robust method and they and others have developed their technique over the past ten years.


Picture: Peter Gilling

Surgeons view of the laser fibre the prosta

It is now possible to *shell out* individual lobes of the prostate using the end fire laser as a dissecting and cutting tool (Holmium Laser Enucleation of the Prostate, HoLEP). In this way much larger prostates can be treated without the significant risks of bleeding or fluid absorption seen with TURP. The long term benefits have been

Who is helping raise funds? Pe

What the following people have done or are doing may inspire you to do something similar. Why not contact them to offer your support? Or send them an out of the blue sponsorship donation through **Prostate Research Campaign UK**

Ronald Hurren plans to climb Kilimanjaro this coming September. He is retired, a golfer and, of course, a prostate survivor. He is organising his trip through Charity Challenge and has already been promised over £4000 in sponsorship. Phone 01344 624492

John Blackburn says 'Ealine and I are doing the Tower to Tower, Blackpool to Paris ride to celebrate my successful recovery from prostatectomy, to celebrate our Ruby Wedding, to mark 25 years of tandem riding together and to prove that

John and Ealine Blackburn

replacing TURP

proven in randomised clinical trials and the procedure is now recognised by the National Institute of Clinical Excellence (NICE) in the UK.

Initial experience at Guys and St Thomas' Hospital with the Holmium laser has been encouraging. It has allowed us to treat patients who would otherwise be considered unfit for prostate surgery. Although the procedure takes appreciably longer the advantages of reduced bleeding, reduced catheter time and reduced inpatient stay are obvious.

being used to cut away part of atic tissue

The rapid progress in laser prostate surgery over the last few years is challenging the place of TURP as the gold standard operation for patients with bladder outflow obstruction. It is still early days but urological progress is led by technological advance and I have no doubt that laser prostatectomy will change the face of surgery for bladder outflow obstruction.

Rick Popert MS FRCS (Urol)

Research grants record

Prostate Research Campaign UK awarded eleven grants to the value of £299,000 in March of this year, a record amount for any one round. Mr Neil O'Donoghue FRCS, who was one of those adjudicating the applications, commented: *'These are all excellent projects. So were some 14 others which we had to turn down. Would that we had even more money with which to make grants. There are some excellent ideas out there just waiting for funding'*

Grants were awarded as follows:

Mr Jonathon Coxon, *St. George's Hospital, London.*

The effects of bisphosphonates on angiogenesis factors, markers of bone turnover and cells of the innate immune system in prostate cancer patients

Dr Anthony Rowbottom and colleagues, *University of Cardiff.*

The impact of cytoxic CD8+ Lymphocytes reactive to PSA on residual disease in patients with prostate cancer.

Dr Christine Fenske, *St. George's Medical School, London.*

Accurate diagnosis and staging of prostate cancer using RT-PCR: identification of new sensitive specific markers.

Dr David Waugh, *Belfast City Hospital.*

Importance of Interleukin-8 in conferrring chemo resistance in prostate cancer; implications for response to conventional chemotherapy agents.

Claire Krelle, *Wycombe General Hospital, Bucks.*

A comparison of the basal cell markers LP34, P63 and maspin in the differential diagnosis of prostate cancer in needle core biopsies.

Joshua Philips, *Royal Hallamshire Hospital, Sheffield.*

Evaluation of novel markers in predicting metastatic bone disease in prostate cancer.

Dr Gillian Bentley, *Department of Anthropology, University College London.*

Risk factors for Benign Prostatic Hyperplasia among migrant Bangle-deshi men in London.

Professor Neal and colleagues, *Addenbrookes Hospital, Cambridge.*

A study of Epigenetic Regulation of the tumour suppressor Dab2 and its interacting partners in prostate cancer.

Mr M**ark Feneley and colleagues,** *University College London.*

Molecular genetic changes in prostate cancer; guides to clinical management

Mr Sampi Mehta and colleagues, *University of Sheffield.*

Application of image processing and comparison of enhanced three dimensional transrectal ultrasound and magnetic resonance imaging in staging clinically confined prostate cancer.

Mr David Gillatt, Dr Steve Harper and colleagues, *Southmead Hospital, Bristol.*

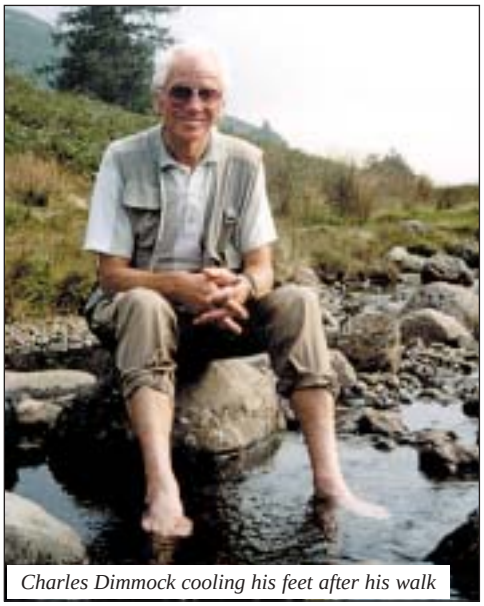
The role of the novel inhibitory growth factor isoform (VEGF165b) in the treatment of prostate cancer.

ople to support - Ideas for your use

an aggregate age of 131 is not over the hill for tandem riders!' Phone 01832 732931

Guy Woodford was treated for prostate cancer when just 54. Now six years later he plans to walk from Lake Geneva to the Mediterranean over the next three years on the Grande Randonnee GR5 with a group of hiking enthusiasts *(6 to 9 hours per day for eleven days in each of the three years).* Guyewoodford@btopenworld.com or phone 01323 509288

Charles Dimmock was operated on for prostate cancer under two years ago and decided to put something back by walking the UK coast to coast staying at youth hostels even though he is in his sixties. **Prostate Research Campaign UK** was delighted to receive his cheque for £500.



Charles Dimmock cooling his feet after his walk

The Newsletter of *Prostate Research Campaign UK*

update

Professor Mellon explains his research

The reason we can all stand on our feet and avoid collapsing on the floor is because normal cells have powerful mechanisms of intercellular adhesion. In abnormal tissue such as a tumour or a cancer, these adhesive mechanisms become unusually weak and this partly explains why cancer cells develop the capability of spreading to other parts of the body. One of the most important cellular molecules in this process is called E-cadherin. Molecules of E-cadherin on the surface of one cell binds tightly to similar molecules on the surface of neighbouring cells. A feature of cancer cells is that they lose E-cadherin molecules from the cell surface.

Professor Killian Mellon

Tumour cell dissemination cannot simply be explained as loss of E-cadherin allowing a cancer cell to become detached and move elsewhere. It has been shown in various laboratory experiments using a variety of cancer cells that when a cancer cell loses E-cadherin various signalling pathways in the cell are activated, ultimately having an effect on approximately 100 other genes in the cell. Some of these genes are activated while others are suppressed as a result of loss of E-cadherin from the surface of the cell. These genes are capable of influencing the cell's ability to become more motile and invade.

We have been studying the consequences of loss of cell surface E-cadherin in prostate cancer cells thanks to a generous grant from **Prostate Research Campaign UK**. The first phase of our work has been to develop prostate cancer cells in which we can reduce the level of E-cadherin. We have done this by inhibiting the E-cadherin gene from producing E-cadherin protein molecules, by introducing a non-functional mutant E-cadherin protein into the cell which binds and inactivates normal E-cadherin and by using a new technology - RNAi which blocks the intermediate steps between E-cadherin gene activation and protein production.

Why do cancers spread?

The second phase of the work will identify which genes are influenced by loss of E-cadherin. Finally, we plan to study specimens of human prostate cancer and will look at areas of tumour which are positive or negative for E-cadherin for genes which have been identified by our earlier work as being E-cadherin-dependent.

Research into cancer in the bones

Josh Philips from the Royal Hallamshire, Sheffield explains the project that the Prostate Research Campaign UK is funding.

Firstly, we will test the performance of several of the latest markers to emerge as potential tumour trackers in prostate cancer. Preliminary studies (supported strongly by work from the University of Sheffield) have demonstrated that these markers can potentially predict early metastatic spread to bone prior to formation of established skeletal metastases. Such a tool would be critical in the early clinical management of patients with advancing disease, and may enable better timing of treatments such as bisphosphonates, thereby delaying their rate of metastasis development and the associated complications.

Secondly, we will use a new technique to determine the level of metastatic prostate cancer cells in the circulation. This technique has been refined by a group in Finland, with whom we are collaborating, and has the potential to markedly enhance the accuracy of conventional prostate cancer staging. Knowledge of the numbers of tumour cells in the circulation, and the rate at which they are being shed from the prostate, would significantly improve treatment timing and decision making for men with prostate cancer.

Over the last 15 months we have collected a comprehensive bio-repository of blood samples from 350 men enrolled in our study, with repeat sampling on a 3-6 monthly basis. In this way, we will monitor these markers across a full spectrum of patients with prostate cancer, and over a comprehensive time period. Ongoing new patient recruitment along with the re-sampling of current patients also provides excellent scope for the study to be continued in the future, and will ultimately provide a unique and invaluable source of specimens for further analysis.

Clinical use for patients with advancing disease

PSA research

The level of Prostate Specific Antigen (PSA) circulating in a man's blood stream is currently used as a diagnostic aid in the identification of prostate cancer. It is not the most perfect test in the world because of false positive readings and the difficulty of deciding what level should be interpreted as suspicious.

Often a man exhibiting a raised PSA has a normal result a few weeks later. Researchers have determined that an isolated elevation should be confirmed several weeks later before proceeding to further testing. This conclusion was arrived at after tracking the blood tests of 972 unscreened men over a five year period.

A small proportion of serum PSA is unbound or in its free form while most circulates in a complexed form, cPSA. Research on 831 men, 313 of whom were diagnosed with prostate cancer, suggests that cPSA would be a better initial test than total PSA (which is currently the standard measure) for the detection of prostate cancer and further urological evaluation. This new test would save many unnecessary biopsies.

A quick scan of the patient scanning scene

Scanning has become a vital element in the diagnosis of tumours. Accurate location of cancerous cells enables treatment to be optimally focused with minimum side effects. We visited the Paul Strickland Scanner Centre at Mount Vernon Hospital Middlesex to learn more.

The Centre was opened in 1985. It has its fourth generation of CT (computer tomography) scanners, two MRI (Magnetic Resonance Imaging) scanners and a recently purchased PET (Positron Emission Tomography) system, one of only six in the country. The centre now carries out more than 10,000 scans each year.

Although all scanners look rather similar, the physical principles involved are quite different. CT scanning uses X-rays and is good at looking at bone. MRI makes use of what happens when the body cells are placed within an oscillating magnetic field. Much of its value lies in its ability to take images of soft tissue. PET scanning locates the positioning of radio-isotopes which the patient has taken earlier. It is commonly used to study glucose uptake and, hence, the metabolic rate of body tissues.

Siemens Sensation 16 Magnetic Resonance Imager

CT Scanning

While the patient passes through a CT scanner, an x-ray source and 16 detectors, mounted inside the body of the machine, rotate around the patient twice each second. The rotation of the detectors and forward movement of the patient enable the collection of a large number of images from different angles through the area being scanned. The computer analyses the output as a volume and then produces a series of cross-sectional images, often representing very thin slices.

CT scanning now provides a viable alternative for patients needing various *oscopies* because the sophisticated image collection and computer reconstruction enables doctors to *fly through* patients' internal organs without inserting a camera or probe.

MRI Scanning

A Magnetic Resonance Imaging (MRI) system uses a magnetic field to align molecules in the patient's body. The scanner transmits radio frequency waves into the patient which alters the molecular alignment. When the radio waves are turned off, the molecules return to alignment and send a signal back, which is picked up by *aerials* and converted into images. The switching on and off of the signal happens many times per second. The images produced are a series of slices as thin as 2mm and aligned in which ever plane displays the area best. Scans generally produce images in at least two planes.

There is a range of coils (the *aerials* of the system) with which to carry out high quality imaging and investigation of all parts of the body. In addition, a substantial range of dynamic studies can be carried out. The system provides good clarity to show blood flow in the brain, neck, aorta and kidneys and can indicate blockages or kidney stones.

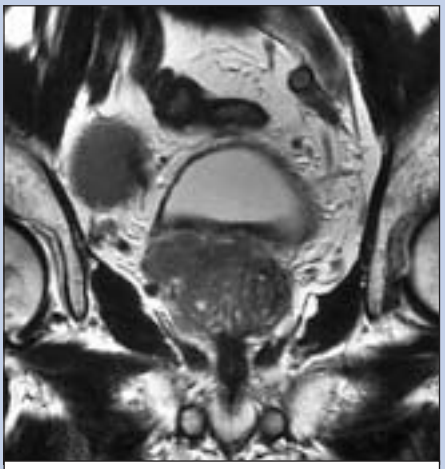
Prostate cancer

MRI scanning is often used for accurate diagnosis of prostate cancer. The scanning process can *see* tumours in the gland itself, in lymph nodes and elsewhere in the body when metastatic disease is involved. It is an important tool in planning treatment be it surgery or radiotherapy. Dr Padhani at the Paul Strickland Scanner Centre has published papers recently on dynamic contrast enhanced MRI as a tool for planning intensity modulated radiotherapy for patients with prostate cancer. This maximises the chance of tumour eradication and reduces the risk of normal tissue damage.

Why a charity?

One would expect that such a crucial part of the National Health infrastructure would be financed by the Department of Health. Not so. The capital cost of the equipment is paid for out of charitable donations. Hospital Trusts that send patients to the Centre pay for their scans on a per patient basis. Over a period of time, therefore, the Centre should obtain money to recoup the costs of their original purchases. However, they have to offer the latest equipment and technology and so are faced with finding from their supporters the costs of ever higher performance machines as they become available.

For more information visit:
www. paulstrickland-scannercentre.org.uk.



Picture: Dr Anwar Padhani

Image of prostate gland showing tumour on the left hand side

Our new Office

The address from April 30th is:

Prostate Research Campaign UK
10, Northfields Prospect
Putney Bridge Road
London SW18 1PE

Telephone: 020 8877 5840
Fax: 020 8877 2609
email: info@prostate-research.org.uk
website: www.prostate-research.org.uk

Our existing office in Canada House will remain open for several months after this date.

Founder and First President

Supporters will be delighted to hear that our Founder, Tony Kilmister, will be taking on the role of Life President of the **Prostate Research Campaign UK** when he relinquishes day-to-day duties at the end of June. Assisted by Sheila, his tireless and wonderful wife, Tony will continue to be very closely involved with the charity he created. Together they will be visiting, monitoring and reporting on all Research Projects that we are sponsoring.

Tony and Sheila Kilmister

Our Patron, HRH The Duchess of Gloucester, has kindly agreed to attend a Gala Reception and Black-tie Dinner at St James's Palace on Tuesday, 15 June, at which special tribute will be paid to Tony and Sheila. If you would like to attend what promises to be a wonderful evening, please write or email us for tickets, numbers of which are limited to 150. The ticket price has not yet been fixed but will reflect the special nature of the occasion. Any profit will go towards the charity.

Support Prostate Research Campaign UK with a donation

Title ..... Fore Name ..... Surname .....

Position and Organisation *(if applicable)* .....

Address .....

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Tel No ..... E-mail .....

I enclose cheque made payable to **Prostate Research Campaign UK** ❑

Please debit my Mastercard ❑ Visa ❑ Delta ❑ Switch ❑

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date ☐☐/☐☐ Security code ☐☐☐ Issue number (Switch only) ☐☐

Signature

£ *Amount*

Gift Aid Declaration *(Please complete if you have not already done so)*

As a UK taxpayer, I want **Prostate Research Campaign UK** to reclaim tax on my donations now and in the future.

Name of taxpayer ..... Date.....

Signature

Publications

The Prostate: Small Gland, Big Problem.

Lavishly illustrated in colour, with over 100 pages, this book has all the latest angles on all three prostate diseases. Complete in its coverage, newly updated and user friendly.

A bargain at £8.95 inc p&p.

Commended in BMA Book Awards

The following are FREE of charge from **Prostate Research Campaign UK** - but please send a C5 stamped address envelope and donation.

Prostate Problems? An introduction

An excellent 8 pages.

How you can help us

*Leaflet dealing with gift aid, standing orders, tax efficient giving, remembering **Prostate Research Campaign UK** in your will and community activity*

The Big Picture on Prostate Campaigning

*Excellent overview of the activities of the **Prostate Research Campaign UK.** Ideal give-away at fund raising events. Provides snapshot of what your support funds.*

Ignorance Isn't Bliss

For the man in your life. A woman's guide to the prostate

Order any of these by post, e-mail, phone or fax

Volunteer?

Become a Group Leader for a

Million Prostate Miles

See page 4

New Web Site

Revised and relaunched

Trustworthy advice on all prostate diseases

Research projects funded

Events and activities

***Update* back issues**

www.prostate-research.org.uk

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